

Southern Illinois University at Edwardsville
Hazardous Waste Management Department

February 27, 1992

Illinois Environmental Protection Agency
Division of Land Pollution Control #24
P.O. Box 19276
Springfield, IL 62794-9276

US EPA RECORDS CENTER REGION 5



1002276

Dear Sir/Madam:

RE: Generator/Facility USEPA # ILD006331342

Southern Illinois University at Edwardsville (SIUE) has enclosed the 1991 Hazardous Waste Report for the generator/facility number listed above. Both Form IC - "Identification and Certification" and Form GM - "Waste Generation and Management" have been completed and attached in accordance with Illinois Environmental Protection Agency regulations.

If you have any questions concerning this report, please call me at (618) 692-3584 or Dr. Wilbraham, Director of Hazardous Waste at (618) 692-3562.

Sincerely,

A handwritten signature in dark ink, appearing to read "David E. McDonald".

David E. McDonald
Coordinator for Environmental Control

cc.: Robert Vanzo, Assistant to the Vice President for
Administration

ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form IC -- Identification and Certification

Instructions for this form found on pages 6 - 12.

This form must be completed for the location shown on the above label. If you need additional forms for other locations, call IEPA.

Sec. I -- Generator Status

A. RCRA Generator Status (Enter one code)

- 30 2 1 = LQG
2 = SQG Skip to Box C
3 = CESQG
4 = Nongenerator (Continue to Box B)

FOR AGENCY USE

☐ IC
☐ Others
☐ Edit Letter
☐ Corrected

B. Reason for not generating (Check all that apply)

- 31 ☐ Never generated
32 ☐ Out of business
33 ☐ Only excluded or delisted waste generated
34 ☐ Only non-hazardous waste generated
35 ☐ Periodic generator, none in reporting year
36 ☐ Waste minimization activity
37 ☐ Other (Specify in comments box)

- 38 1 1 = Status is expected to be the same next year and following years. 2 = Status is expected to change next year.

Section II. Enter the SIC Code(s) for this location.

8-2-2-1
39 43 47 51

Section III. On-Site Waste Management Status (enter one code for each question)

- A. 55 3 RCRA regulated (permitted or interim status) storage
B. 56 1 RCRA permitted or interim status treatment, disposal, or recycling
C. 57 3 RCRA exempt treatment, disposal, or recycling

Section IV. Waste minimization activity during this reporting year (Enter Y [Yes] or N [No] for questions A-D)

- A. 58 N Did this site begin or expand a source reduction activity this year?
B. 59 N Did this site begin or expand a recycling activity this year?
C. 60 Y Did this site systematically investigate opportunities for source reduction or recycling?
D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction or on-site or off-site recycling activities this year; if yes, enter Y below.

S. Reduc. Recyc.

- 61 Y 71 ☐ Insufficient capital to install new source reduction equipment or implement new source reduction practices
62 ☐ 72 ☐ Lack of technical information on techniques applicable to the specific production processes
63 ☐ 73 ☐ Not economically feasible: cost savings in waste management or production will not recover the capital investment
64 ☐ 74 ☐ Concern that product quality may decline as a result
65 ☐ 75 ☐ Permitting burdens
66 ☐ 76 ☐ Previously implemented -- additional reduction/recycling does not appear to be technically feasible
67 ☐ 77 ☐ Previously implemented -- additional reduction/recycling does not appear to be economically feasible
68 ☐ 78 ☐ Previously implemented -- additional reduction/recycling does not appear to be feasible due to permitting requirements
69 ☐ Technical limitations of the production processes
79 ☐ Requirements to manifest wastes inhibit shipments off site for recycling
80 ☐ Financial liability provisions inhibit shipments off site for recycling
81 ☐ Technical limitations of production processes inhibit shipments off site for recycling
82 ☐ Technical limitations of production processes inhibit off-site recycling
83 ☐ Lack of permitted off-site recycling facilities
84 ☐ Unable to identify a market for recyclable materials
70 ☐ 85 ☐ Other (Specify in Comments box)

Sec. V. This Agency is authorized to require this information under Revised Statutes, 1981, Chapter III-1/2, Sections 1004 and 1021 (f)(2). Disclosure of this information is required. Failure to do may result in a civil penalty up to \$25,999 for each day the failure continues, a fine up to \$1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management
CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for providing false information, including the possibility of fine and imprisonment.

A. Please print: Last Name McDonald First Name David B. Title Coordinator for Env. Control
C. Signature David M. McDonald D. Date of signature 2-27-92

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Page 0001 of 8

ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Flammable Liquid; Methylene Chloride and Benzene
B. EPA Hazardous Waste Code F 0 0 2
C. SIC code 8 2 2 1
D. Origin Code 50 System type M E. Source code A 9 4 A 62 A 65
F. Point of measurement 1 G. Form code B 2 0 4
H. Radioactive mixed 2 I. TRI constituent 1
J. CAS numbers: 1. 75 2. 83 3. 91
4. 99 5. 107

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 Density 8.30 lbs/gal (Same unit and density must be used for all quantities on this page)
B. Quantity generated in previous reporting year N A C. Current reporting year 2 2 0 0
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M Quantity managed on-site this year 145
On-Site System 2: System Type M Quantity managed on-site this year 159

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility: Rineco Chemical Industries
1007 Vulcan Road Haskell
Benton, AR 72015
B. U.S. EPA ID No. of facility waste was shipped to: A R D 9 8 1 0 5 7 8 7 0
C. System type shipped to M 0 4 1 D. Off-site availability code 1
E. Total quantity shipped in this reporting year: 2 2 0 . 0
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 197
C. System type shipped to M D. Off-site availability code 213
E. Total quantity shipped in this reporting year: 214

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W W W W C. Other effects (Y=Yes, N=No) 237
D. Quantity recycled in reporting year due to new activities 238
E. Activity/production index 248 F. Reporting year Source reduction quantity 251

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) Y
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
Quantity stored that was generated this reporting year: 263
Quantity stored that was generated prior to this reporting year: 273

COMMENTS: 283 Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Flammable Liquid; Flammable Liquid (Pyridine)

B. EPA Hazardous Waste Code F 000 5 D 00 7

C. SIC code 8 2 2 1

D. Origin Code 1 System type M

E. Source code A 9 4 A A

F. Point of measurement 1

G. Form code B 2 1 9

H. Radioactive mixed 2

I. TRI constituent 1

J. CAS numbers: 1. 75 2. 83 3. 81

4. 99 5. 107

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 Density 8.3 lbs/gal (Same unit and density must be used for all quantities on this page)

B. Quantity generated in previous reporting year 120 N A. C. Current reporting year 130 1.0

D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)

On-Site System 1: System Type M Quantity managed on-site this year 145

On-Site System 2: System Type M Quantity managed on-site this year 159

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)

Site 1: Name and address of facility: Environmental Enterprises, Inc.

4650 Spring Grove
Cincinnati, Ohio 45232

B. U.S. EPA ID No. of facility waste was shipped to: 0 H D 0 8 3 3 7 7 0 1 0

C. System type shipped to M 0 7 7 D. Off-site availability code 1

E. Total quantity shipped in this reporting year: 187 1.0

Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 197

C. System type shipped to M D. Off-site availability code 213

E. Total quantity shipped in this reporting year: 214

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)

B. Activity W W W W C. Other effects (Y=Yes, N=No) 237

D. Quantity recycled in reporting year due to new activities 238

E. Activity/production index 248 F. Reporting year Source reduction quantity 251

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N

B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N

Quantity stored that was generated this reporting year: 263

Quantity stored that was generated prior to this reporting year: 273

COMMENTS: 283 Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Flammable Liquid; Acetone and Alcohol
B. EPA Hazardous Waste Code F 0 0 3
C. SIC code 8 2 2 1
D. Origin Code 50 1 System type M 55
E. Source code A 9 4 A 62 A 65
F. Point of measurement 1 68
G. Form code B 2 0 3
H. Radioactive mixed 2 73
I. TRI constituent 1 74
J. CAS numbers: 1. 75 2. 83 3. 91
4. 99 5. 107

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 Density 8.3 lbs/gal (Same unit and density must be used for all quantities on this page)
B. Quantity generated in previous reporting year 2 5 5.0 C. Current reporting year 16 5.0
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M 140 Quantity managed on-site this year _____
On-Site System 2: System Type M 141 Quantity managed on-site this year 145
155 159

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility: Rineco Chemical Industries
1007 Vulcan Road- Haskell
Benton, AR 72015
B. U.S. EPA ID No. of facility waste was shipped to: A R 0 9 8 1 0 5 7 8 7 0
C. System type shipped to M 0 4 1 D. Off-site availability code 1 170
E. Total quantity shipped in this reporting year: 1 6 5.0
187 186
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: _____
C. System type shipped to M 209 D. Off-site availability code 213
E. Total quantity shipped in this reporting year: _____
214

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W 225 W 228 W 231 W 234 C. Other effects (Y=Yes, N=No) 237
D. Quantity recycled in reporting year due to new activities _____
E. Activity/production index 248 F. Reporting year Source reduction quantity 251

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) Y
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
Quantity stored that was generated this reporting year: _____
Quantity stored that was generated prior to this reporting year: _____
263 273

COMMENTS: _____ Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste Poisonous Solid; Poison B, Barium Salts
B. EPA Hazardous Waste Code D 0 0 5 D 0 0 7 D 0 0 8 D 0 0 4 D 0 0 9
C. SIC code 8 2 2 1
D. Origin Code 5 System type M 0 7 7 E. Source code A 9 4 A A
F. Point of measurement 1 G. Form code B 3 1 6
H. Radioactive mixed 2 I. TRI constituent 1
J. CAS numbers: 1. 75 2. 83 3. 91
4. 99 5. 107

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 Density 1 0.5 lbs/gal (Same unit and density must be used for all quantities on this page)
B. Quantity generated in previous reporting year 200 C. Current reporting year 120
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M Quantity managed on-site this year 145
On-Site System 2: System Type M Quantity managed on-site this year 159

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:

Environmental Enterprises, Inc.
4650 Spring Grove
Cincinnati, Ohio 45232

B. U.S. EPA ID No. of facility waste was shipped to: 0 H D 0 8 3 3 7 7 0 1 0
C. System type shipped to M 0 7 7 D. Off-site availability code 1
E. Total quantity shipped in this reporting year: 120
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 197
C. System type shipped to M D. Off-site availability code 213
E. Total quantity shipped in this reporting year: 214

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W W W W C. Other effects (Y=Yes, N=No) 237
D. Quantity recycled in reporting year due to new activities 238
E. Activity/production index 248 F. Reporting year Source reduction quantity 251

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) Y
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) Y
Quantity stored that was generated this reporting year: 263 260
Quantity stored that was generated prior to this reporting year: 273 0.0

COMMENTS: 283 Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Acidic and Basic Liquid Waste
B. EPA Hazardous Waste Code 0 0 0 2
C. SIC code 8 2 2 1
D. Origin Code 1 System type M E. Source code A 9 4 A A
F. Point of measurement 1 G. Form code B 1 0 5
H. Radioactive mixed 2 I. TRI constituent 1
J. CAS numbers: 1. 2. 3.
4. 5.

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 Density 1 0 . 0 0 lbs/gal (Same unit and density must be used for all quantities on this page)
B. Quantity generated in previous reporting year 3 6 0 . 0 C. Current reporting year 3 2 0 . 0
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? Y Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M 1 2 1 Quantity managed on-site this year 3 2 0 . 0
On-Site System 2: System Type M Quantity managed on-site this year

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? N Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to M D. Off-site availability code
E. Total quantity shipped in this reporting year:
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to M D. Off-site availability code
E. Total quantity shipped in this reporting year:

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W W W W C. Other effects (Y=Yes, N=No)
D. Quantity recycled in reporting year due to new activities
E. Activity/production index F. Reporting year Source reduction quantity

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
Quantity stored that was generated this reporting year:
Quantity stored that was generated prior to this reporting year:

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

ILLINOIS Environmental Protection Agency
1991 Hazardous Waste Report
Form GM - Waste Generation and Management

Instructions for this form found on pages 14 - 31.

Sec. I WASTE DESCRIPTION

A. Waste Description: Spent Acids with metals
B. EPA Hazardous Waste Code 0004 0005 0007 0008 0009
C. SIC code 8221
D. Origin Code 1 System type M
E. Source code A94 A A
F. Point of measurement 1
G. Form code B103
H. Radioactive mixed 2
I. TRI constituent 1
J. CAS numbers: 1. 75 2. 83 3. 91
4. 99 5. 107

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 1 Density 10.0 lbs/gal (Same unit and density must be used for all quantities on this page)
B. Quantity generated in previous reporting year 350.0 C. Current reporting year 329.0
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? Y Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M079 Quantity managed on-site this year 329.0
On-Site System 2: System Type M Quantity managed on-site this year 159

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? N Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 170
C. System type shipped to M D. Off-site availability code 186
E. Total quantity shipped in this reporting year: 187
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to: 197
C. System type shipped to M D. Off-site availability code 213
E. Total quantity shipped in this reporting year: 214

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W W W W C. Other effects (Y=Yes, N=No) 237
D. Quantity recycled in reporting year due to new activities 238
E. Activity/production index 248 F. Reporting year Source reduction quantity 251

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
Quantity stored that was generated this reporting year: 263
Quantity stored that was generated prior to this reporting year: 273

COMMENTS: Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Southern Illinois University at Edwardsville
Hazardous Waste Management Department

March 9, 1992

Mr. Gerald Golubski, P.E., Environmental Engineer
United States Environmental Protection Agency
Region 5
Environmental Sciences Division
536 South Clark Street
Chicago, IL 60605

RE: Inspection of Southern Illinois University at
Edwardsville - ILD 006331342

Dear Mr. Golubski:

The following actions have been taken to address violations noted during your inspection of February 28, 1992.

1. Concerning the improper labeling of bottles and open containers in the Chemistry laboratories, I have sent a memo (attached) to Dr. Emil Jason, Chairman, Department of Chemistry, notifying him of the violation. The memo also recommends that notices be placed in satellite accumulation areas reminding students to properly label the bottles and to keep the containers closed except for when they are being filled.

I also have suggested a follow-up inspection be conducted by a member of the School of Science Safety Committee and myself to ensure that all violations have been corrected. (Section 722.134 and 725.273)

2. In regards to the incomplete documentation of training requirements for Joe Wilson, General Assistant and myself, I will rectify this situation immediately. Joe Wilson will be trained in emergency response measures and proper documentation will be kept in his file. I will provide proper training documentation to my files immediately in accordance with 35 Illinois Administrative Code (IAC), Section 725.116.

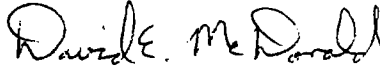
3. I have informed the General Assistants in the Hazardous Waste Management Department to properly label the drums in the Hazardous Waste Storage Area. This will include the date accumulation began and other requirements of 35 IAC, Section 722.134.

4. I have enclosed the safety and drum storage checks as you requested for 1991. As you will note, there are several gaps in this record including a 6 month gap at the beginning of 1991. According to Dr. Wilbraham, Director of Hazardous Waste Management, Patience Mboe (student worker) was completing these safety checks although no records were found in the files. As you can see, this

problem was corrected in the latter part of 1991. (Section 275.115 and 275.274)

Should you have any questions regarding this response, please call me at (618) 692-3584.

Sincerely,

A handwritten signature in cursive script that reads "David E. McDonald".

David E. McDonald
Coordinator for Environmental Control

Attachments

cc. Dr. Emil Jason, Chairman, Department of Chemistry
Mr. Robert Vanzo, Assistant to the Vice President for
Administration

Southern Illinois University at Edwardsville
Hazardous Waste Management Department

March 9, 1992

TO: Dr. Emil Jason, Chairman, Department of Chemistry
FROM: David McDonald, ^{Dr}Coordinator for Environmental Control
SUBJECT: EPA inspection of February 28, 1992.

I have attached my response to the Environmental Protection Agency (EPA) regarding Mr. Gerald Golubski's inspection of February 28, 1992. A problem that keeps recurring in the Chemistry laboratories (satellite accumulation areas) is improper labeling of containers and failure to keep the containers closed. I am recommending that the attached notice be placed in the satellite accumulation areas to remind the students of proper hazardous waste procedures. I am available to meet with a member of the School of Science Safety Committee to conduct a follow up inspection of the laboratories at your convenience.

Should you have any questions regarding the EPA inspection please let me know.

cc. Robert Vanzo, Assistant to the Vice President for
Administration
Gerald Golubski, Environmental Engineer, EPA

Satellite Accumulation Area Notice Hazardous Waste

Attention - In accordance with 35 Illinois Administrative Code (IAC), Section 725.273 and 722.134, all containers MUST be closed except when filling. Proper labeling of the container includes the following:

- Clearly mark 'Hazardous Waste' on the label.**
- Identify the contents of the container on the label.**
- Mark the date accumulation of hazardous waste in the container began.**



Southern Illinois University at Edwardsville

School of Sciences
Department of Chemistry

RECEIVED
MAY 16 1989
OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION V

May 11, 1989

Mr. William Mund
Chief, RCRA Enforcement Section
US EPA - Region V
230 S. Dearborn Avenue
Chicago, Illinois 60605

Dear Mr. Mund:

Please send me copies of the annual inspection reports for
1987, 1988, and 1989 when prepared.

Thank you.

Sincerely,

Antony C. Wilbraham
Acting Director
Hazardous Waste Management

ACW/11

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT

GENERATOR USEPA I.D. NUMBER IL

I L D 0 0 6 3 3 1 3 4 2

GENERATOR IEPA I.D. NUMBER

1 1 9 0 2 5 5 0 0 2

COMMENTS:

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT

GENERATOR USEPA I.D. NUMBER

11006331342

GENERATOR IEPA I.D.

1190255002

I. WASTE MINIMIZATION ACTIVITY

a. Efforts taken in 1989 to implement waste minimization includes the following (this can be reduction of total volume of waste or reduction of toxicity, or both, consistent with minimizing present or future threats to human health and the environment): (Indicate all that apply)

☒ YES ☐ NO

Did you create or expand a source reduction program during report year? This implies any action that reduces the toxicity or amount of waste exiting a process, such as feedstock modifications, process modifications, housekeeping practices.

☒ YES ☐ NO

Did you create or expand an on-site recycling program during the report year? This implies use, reuse, or reclamation of a waste after it has been generated.

☒ YES ☐ NO

Did you conduct a source reduction and/or recycling opportunity assessment or audit during the report year?

YES ☒ NO

Did you use the Industrial Materials Exchange Service or another waste exchange during the report year?

If you answered "no" to ALL of these questions, continue to section c. If you answered "yes" to ANY of these questions, continue to section b.

b. ☒ YES ☐ NO Did these efforts result in minimization of waste?

If "yes" identify the waste stream minimized:

Waste type (page 6 of instructions): 0 9

RCRA Hazardous Waste Code (Appendix C): D 0 1 1

Method of minimization:

- ☐ On-site recycling
- ☐ Equipment or technology modification/substitution
- ☐ Process modification/substitution
- ☐ Feedstock modification
- ☐ Waste stream segregation
- ☐ Industrial Materials Exchange Service or other waste exchange
- ☐ Improved housekeeping
- ☐ Other (Specify): Precipitation

Results of minimization:

Toxicity reduction ☒ YES ☐ NO

Quantity prevented: 70 gallons

Did efforts result in increase in emissions to air, land or water? YES ☐ NO ☒

c. What factors delayed or prevented implementation of waste minimization?

- ☒ Insufficient capital
- ☐ Permitting burdens
- ☐ Technical limitations
- ☐ Not economically feasible
- ☐ Other, explain: _____

II. ON-SITE WASTE MANAGEMENT STATUS

☒ YES ☐ NO

Waste is managed on-site in RCRA permitted units and is being reported on a Facility Annual Report.

YES ☒ NO

Waste was treated, recycled, or disposed on-site in units exempt from RCRA permitting requirements. (This includes discharges under NPDES permits, direct discharges to a POTW, on-site treatment and discharge to municipal treatment works, on-site recycling, burning in industrial boilers and furnaces for energy recovery.)

If "yes" the waste type (from page 6 of the instructions) is 0 8.

The amount of waste so managed during the report year was 0.850 tons.

If a second waste type is so managed, the waste type is _____ and the amount managed was _____ tons.

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT**

For Agency use	L P H W C <small>1 2 3 4 5</small>	CARD 6 0 <small>6 7</small>	TRANS A <small>8</small>	0 2 2 8 9 0 <small>9 10 11 12 13 14</small>
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GENERATOR USEPA I.D. NUMBER

GENERATOR IEPA I.D. NUMBER

1 1 L D 0 0 6 3 3 1 3 4 2
18 29

1 1 9 0 2 5 5 0 0 2
30 39

LIST OF TRANSPORTATION SERVICES (HAULERS) USED: *List each hauler only once regardless of the number of individual waste shipments.*

LINE NO.	TRANSPORTER NAME/ ADDRESS	TRANSPORTER USEPA I.D. NO.	TRANSPORTER'S ILLINOIS EPA I.D. NUMBER
01 <small>63 64</small>	Precision Energy Systems 1040 N. Main, Lombard, IL 60148	1 L D 9 8 2 2 0 8 0 8 4 <small>95 106</small>	1 5 0 5 <small>107 110</small>
02 <small>63 64</small>	Two Rivers Trucking	1 L D 0 9 4 3 6 8 2 7 1 <small>95 106</small>	 <small>107 110</small>
03 <small>63 64</small>	Chemical Services INC. 13701 S. Kostner, Crestwood, IL 60445	1 L D 9 8 0 7 0 1 1 0 6 <small>95 106</small>	1 3 0 1 <small>107 110</small>
04 <small>63 64</small>	Southern Illinois University Edwardsville, IL 62026	1 L D 0 0 6 3 3 1 3 4 2 <small>95 106</small>	2 2 3 3 <small>107 110</small>
05 <small>63 64</small>		 <small>95 106</small>	 <small>107 110</small>
06 <small>63 64</small>		 <small>95 106</small>	 <small>107 110</small>
07 <small>63 64</small>		 <small>95 106</small>	 <small>107 110</small>
08 <small>63 64</small>		 <small>95 106</small>	 <small>107 110</small>
09 <small>63 64</small>		 <small>95 106</small>	 <small>107 110</small>
10 <small>63 64</small>		 <small>95 106</small>	 <small>107 110</small>

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT

FOR AGENCY USE	L P H W C	CARD 5 0	TRANS A	0 2 2 8 9 0
	1 5	6 7	8	9 14

GENERATOR USEPA I.D. NUMBER

GENERATOR IEPA I.D. NUMBER

1 1 0 0 6 3 3 1 3 4 2

18 29

1 1 9 0 2 5 5 0 0 2

30 39

Complete one of these pages for each Facility utilized during the year. All facilities in or out of state receiving hazardous waste generated in Illinois have a USEPA and a IEPA I.D. Number. Obtain this information from Appendix B, the facility or from your manifest copy.

FACILITY USEPA I.D. NUMBER

FACILITY IEPA I.D. NUMBER

1 1 N D 9 8 0 5 9 0 9 4 7

41 52

9 1 8 1 4 1 0 0 0 4

53 62

Industrial Fuels and Resources
FACILITY NAME

(219) 234-0441
A/C PHONE

604 S. Scott, Sound Bend , IN 46625

ADDRESS (where waste was managed)

CITY

STATE

ZIP

LINE NO.	DESCRIPTION OF WASTE	WASTE TYPE	RCRA HAZARDOUS WASTE CODE	AMOUNT (gals. only)	DENSITY (lbs./gal)	ORIGIN	MGMT CTGRY
1	Waste Combustible Liquids		F 0 0 3 F 0 0 5				
66	NDS Combustible Liquid NA1993	67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 133 134	1 6 5 8 . 3	0 4	
2	Waste Combustible Liquid		F 0 0 3				
66	NDS Combustible Liquid NA1993 U122	67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 133 134	5 5 8 . 3	0 4	
3	RQ Waste Flammable Liquid		F 0 0 2				
66	N.O.S. Flammable Liquid UN1993	67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 133 134	5 5 8 . 3	0 4	
4	RQ Waste Flammable Liquid		F 0 0 3 F 0 0 5				
66	N.O.S. Flammable Liquid UN1993	67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 133 134	2 2 0 8 . 3	0 4	
5							
66		67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 133 134			
6							
66		67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 133 134			
7							
66		67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 133 134			
8							
66		67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 133 134			

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT

FOR AGENCY USE	1	5	6	7	8	9	14
	L	P	H	W	C	A	0

GENERATOR USEPA I.D. NUMBER

GENERATOR IEPA I.D. NUMBER

1 1 8 0 0 6 3 3 1 3 4 2

18 29

1 1 9 10 12 15 15 10 10 12

30 39

Complete one of these pages for each Facility utilized during the year. All facilities in or out of state receiving hazardous waste generated in Illinois have a USEPA and a IEPA I.D. Number. Obtain this information from Appendix B, the facility or from your manifest copy.

FACILITY USEPA I.D. NUMBER

FACILITY IEPA I.D. NUMBER

1 1 8 0 0 5 0 2 7 4 4

41 52

1 2 0 1 8 0 0 0 0 0 2

53 62

PSC Environmental Management
FACILITY NAME

(815) 239-1859
A/C PHONE

6125 1/2 N. Pecatonica Road, Pecatonica, IL 61063
ADDRESS (where waste was managed) CITY STATE ZIP

LINE NO.	DESCRIPTION OF WASTE	WASTE TYPE	RCRA HAZARDOUS WASTE CODE	AMOUNT (gals. only)	DENSITY (lbs./gal)	ORIGIN	MGMT CTGR
1	Waste Combustible Liquid		F 0 0 3 F 0 0 5				
66	N.O.S. Combustible Liquid						
	NA1993 2403 (EPA Ignitibility)						
2	Waste Poisonous Solid		D 10 10 4 D 10 10 5				
66	N.O.S. Poison B, UN 2811						
3							
66							
4							
66							
5							
66							
6							
66							
7							
66							
8							
66							

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY 1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT

FOR AGENCY USE	L P H W C 1 5	CARD 5 0 6 7	TRANS A 8	0 2 2 8 9 0 9 14
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GENERATOR USEPA I.D. NUMBER

GENERATOR IEPA I.D. NUMBER

1 1 L D 0 0 6 3 3 1 3 4 2
18 29

1 1 9 0 2 5 5 0 0 2
30 39

Complete one of these pages for each Facility utilized during the year. All facilities in or out of state receiving hazardous waste generated in Illinois have a USEPA and a IEPA I.D. Number. Obtain this information from Appendix B, the facility or from your manifest copy.

FACILITY USEPA I.D. NUMBER

FACILITY IEPA I.D. NUMBER

1 1 L D 9 8 4 7 6 7 0 9 5
41 52

| | | | | | | | | |
53 62

Southland Exchange	(803)	943-5176
FACILITY NAME	A/C	PHONE
100 Nix St. Hampton, SC 29962		
ADDRESS (where waste was managed)	CITY	STATE ZIP

LINE NO.	DESCRIPTION OF WASTE	WASTE TYPE	RCRA HAZARDOUS WASTE CODE	AMOUNT (gals. only)	DENSITY (lbs./gal)	ORIGIN	MGMT CTGRY
1	Medical Waste		D 0 0 1				
66		67 68	69 72 73 76	85 93 94 96 132 133 134			
2							
66		67 68	69 72 73 76	85 93 94 96 132 133 134			
3							
66		67 68	69 72 73 76	85 93 94 96 132 133 134			
4							
66		67 68	69 72 73 76	85 93 94 96 132 133 134			
5							
66		67 68	69 72 73 76	85 93 94 96 132 133 134			
6							
66		67 68	69 72 73 76	85 93 94 96 132 133 134			
7							
66		67 68	69 72 73 76	85 93 94 96 132 133 134			
8							
66		67 68	69 72 73 76	85 93 94 96 132 133 134			

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT

GENERATOR USEPA I.D. NUMBER IL

| I L D 0 0 6 3 3 1 3 4 2 |

GENERATOR IEPA I.D. NUMBER

| 1 1 9 0 2 5 5 0 0 2 |

COMMENTS:

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT

GENERATOR USEPA I.D. NUMBER

GENERATOR IEPA I.D.

1190255002

1190255002

I. WASTE MINIMIZATION ACTIVITY

a. Efforts taken in 1989 to implement waste minimization includes the following (this can be reduction of total volume of waste or reduction of toxicity, or both, consistent with minimizing present or future threats to human health and the environment): (Indicate all that apply)

☒ YES ☐ NO

Did you create or expand a source reduction program during report year? This implies any action that reduces the toxicity or amount of waste exiting a process, such as feedstock modifications, process modifications, housekeeping practices.

☒ YES ☐ NO

Did you create or expand an on-site recycling program during the report year? This implies use, reuse, or reclamation of a waste after it has been generated.

☒ YES ☐ NO

Did you conduct a source reduction and/or recycling opportunity assessment or audit during the report year?

YES ☒ NO

Did you use the Industrial Materials Exchange Service or another waste exchange during the report year?

If you answered "no" to ALL of these questions, continue to section c. If you answered "yes" to ANY of these questions, continue to section b.

b. ☒ YES ☐ NO Did these efforts result in minimization of waste?

If "yes" identify the waste stream minimized:

Waste type (page 6 of instructions): 09

RCRA Hazardous Waste Code (Appendix C): D011

Method of minimization:

- ☐ On-site recycling
- ☐ Equipment or technology modification/substitution
- ☐ Process modification/substitution
- ☐ Feedstock modification
- ☐ Waste stream segregation
- ☐ Industrial Materials Exchange Service or other waste exchange
- ☐ Improved housekeeping
- ☐ Other (Specify): Precipitation

Results of minimization:

Toxicity reduction ☒ YES ☐ NO

Quantity prevented: 70 gallons

Did efforts result in increase in emissions to air, land or water? YES ☐ NO ☒

c. What factors delayed or prevented implementation of waste minimization?

- ☒ Insufficient capital
- ☐ Permitting burdens
- ☐ Technical limitations
- ☐ Not economically feasible
- ☐ Other, explain: _____

II. ON-SITE WASTE MANAGEMENT STATUS

☒ YES ☐ NO

Waste is managed on-site in RCRA permitted units and is being reported on a Facility Annual Report.

YES ☒ NO

Waste was treated, recycled, or disposed on-site in units exempt from RCRA permitting requirements. (This includes discharges under NPDES permits, direct discharges to a POTW, on-site treatment and discharge to municipal treatment works, on-site recycling, burning in industrial boilers and furnaces for energy recovery.)

If "yes" the waste type (from page 6 of the instructions) is 08.

The amount of waste so managed during the report year was 0.850 tons.

If a second waste type is so managed, the waste type is _____ and the amount managed was _____ tons.

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT**

For Agency use	L P H W C <small>1 2 3 4 5</small>	CARD 6 0 <small>6 7</small>	TRANS A <small>8</small>	0 2 2 8 9 0 <small>9 10 11 12 13 14</small>
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GENERATOR USEPA I.D. NUMBER

GENERATOR IEPA I.D. NUMBER

I L D 0 0 6 3 3 1 3 4 2
18 29

1 1 1 9 0 2 5 5 0 0 2
30 39

LIST OF TRANSPORTATION SERVICES (HAULERS) USED: *List each hauler only once regardless of the number of individual waste shipments.*

LINE NO.	TRANSPORTER NAME/ ADDRESS	TRANSPORTER USEPA I.D. NO.	TRANSPORTER'S ILLINOIS EPA I.D. NUMBER
01 <small>63 64</small>	Precision Energy Systems 1040 N. Main, Lombard, IL 60148	I L D 9 8 2 2 0 8 0 8 4 <small>95 106</small>	1 5 0 5 <small>107 110</small>
02 <small>63 64</small>	Two Rivers Trucking	I L D 0 9 4 3 6 8 2 7 1 <small>95 106</small>	 <small>107 110</small>
03 <small>63 64</small>	Chemical Services Inc. 13701 S. Kostner, Crestwood, IL 60445	I L D 9 8 0 7 0 1 1 0 6 <small>95 106</small>	1 3 0 1 <small>107 110</small>
04 <small>63 64</small>	Southern Illinois University Edwardsville, IL 62026	I L D 0 0 6 3 3 1 3 4 2 <small>95 106</small>	2 2 3 3 <small>107 110</small>
05 <small>63 64</small>		 <small>95 106</small>	 <small>107 110</small>
06 <small>63 64</small>		 <small>95 106</small>	 <small>107 110</small>
07 <small>63 64</small>		 <small>95 106</small>	 <small>107 110</small>
08 <small>63 64</small>		 <small>95 106</small>	 <small>107 110</small>
09 <small>63 64</small>		 <small>95 106</small>	 <small>107 110</small>
10 <small>63 64</small>		 <small>95 106</small>	 <small>107 110</small>

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT**

FOR AGENCY USE

L P H W C
1 5

CARD 5 0
6 7

TRANS A
8

0 2 2 8 9 0
9 14

GENERATOR USEPA I.D. NUMBER

I L D 0 0 6 3 3 1 3 4 2
18 29

GENERATOR IEPA I.D. NUMBER

1 1 9 0 2 5 5 0 0 2
30 39

Complete one of these pages for each Facility utilized during the year. All facilities in or out of state receiving hazardous waste generated in Illinois have a USEPA and a IEPA I.D. Number. Obtain this information from Appendix B, the facility or from your manifest copy.

FACILITY USEPA I.D NUMBER

I N D 9 8 0 5 9 0 9 4 7
41 52

FACILITY IEPA I.D. NUMBER

9 1 8 1 4 1 0 0 0 4
53 62

Industrial Fuels and Resources

(219) 234-0441

FACILITY NAME

A/C

PHONE

604 S. Scott, Sound Bend , IN 46625

ADDRESS (where waste was managed)

CITY

STATE

ZIP

LINE NO.	DESCRIPTION OF WASTE	WASTE TYPE	RCRA HAZARDOUS WASTE CODE	AMOUNT (gals. only)	DENSITY (lbs./gal)	ORIGIN	MGM CTG
1	Waste Combustible Liquids NDS Combustible Liquid NA1993		F 0 0 3 F 0 0 5 69 72 73 76 67 68 77 80 81 84	1 6 5 85 93 94 96 132 133	8 . 3	0 4	
2	Waste Combustible Liquid NDS Combustible Liquid NA1993 U122		F 0 0 3 69 72 73 76 67 68 77 80 81 84	5 5 85 93 94 96 132 133	8 . 3	0 4	
3	RQ Waste Flammable Liquid N.O.S. Flammable Liquid UN1993		F 0 0 2 69 72 73 76 67 68 77 80 81 84	5 5 85 93 94 96 132 133	8 . 3	0 4	
4	RQ Waste Flammable Liquid N.O.S. Flammable Liquid UN1993		F 0 0 3 F 0 0 5 69 72 73 76 67 68 77 80 81 84	2 2 0 85 93 94 96 132 133	8 . 3	0 4	
5			 69 72 73 76 67 68 77 80 81 84	 85 93 94 96 132 133	.		
6			 69 72 73 76 67 68 77 80 81 84	 85 93 94 96 132 133	.		
7			 69 72 73 76 67 68 77 80 81 84	 85 93 94 96 132 133	.		
8			 69 72 73 76 67 68 77 80 81 84	 85 93 94 96 132 133	.		

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT**

FOR AGENCY USE	1	5	6	7	8	9	14
	L	P	H	W	C	A	022890

GENERATOR USEPA I.D. NUMBER

GENERATOR IEPA I.D. NUMBER

1 1 8 0 0 6 3 3 1 3 4 2
18 29

1 1 9 0 2 5 5 0 0 2
30 39

Complete one of these pages for each Facility utilized during the year. All facilities in or out of state receiving hazardous waste generated in Illinois have a USEPA and a IEPA I.D. Number. Obtain this information from Appendix B, the facility or from your manifest copy.

FACILITY USEPA I.D. NUMBER

FACILITY IEPA I.D. NUMBER

1 1 8 0 0 5 0 2 7 4 4
41 52

2 0 1 8 0 0 0 0 2
53 62

PSC Environmental Management
FACILITY NAME

(815) 239-1859
A/C PHONE

6125½ N. Pecatonica Road, Pecatonica, IL 61063
ADDRESS (where waste was managed) CITY STATE ZIP

LINE NO.	DESCRIPTION OF WASTE	WASTE TYPE	RCRA HAZARDOUS WASTE CODE				AMOUNT (gals. only)				DENSITY (lbs./gal)				ORIGIN	MGM CTGF
1	Waste Combustible Liquid N.O.S. Combustible Liquid NA1993 2403 (EPA Ignitibility)		F 0 0 3	F 0 0 5												
66		67 68	69 72 73 76	85 93 94 96 132 133												
2	Waste Poisonous Solid N.O.S. Poison B, UN 2811		D 0 0 4	D 0 0 5												
66		67 68	69 72 73 76	85 93 94 96 132 133												
3																
66		67 68	69 72 73 76	85 93 94 96 132 133												
4																
66		67 68	69 72 73 76	85 93 94 96 132 133												
5																
66		67 68	69 72 73 76	85 93 94 96 132 133												
6																
66		67 68	69 72 73 76	85 93 94 96 132 133												
7																
66		67 68	69 72 73 76	85 93 94 96 132 133												
8																
66		67 68	69 72 73 76	85 93 94 96 132 133												

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT

For Agency use	LPHWC 1 5	CARD 20 6 7	TRANS A 8	022890 9 14
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GENERATOR USEPA I.D. NUMBER GENERATOR IEPA I.D. NUMBER

111010161311131412 111910121515101012
17 28 29 38

GENERATOR COMPANY NAME: SIUE - Science Building

MAILING ADDRESS: Southern Illinois University, Box 1652, Edwardsville, IL 62026
STREET CITY/STATE ZIP

LOCATION WASTE GENERATED: Edwardsville, IL 62026

STREET CITY ZIP

CONTACT PERSON: Antony C. Wilbraham (618) 692-2042
NAME A/C PHONE

GENERATOR SIC CODE 8221

NON-REGULATED STATUS If your company was not regulated during 1989, circle the numeric code (1-5) that describes your non-regulated status during the entire year AND circle the code for the time period this status is expected to apply (6-8). Sign and date this form and attach comment page before mailing.

- a. 1 NO HAZARDOUS WASTE SHIPPED OFF-SITE
2 SMALL QUANTITY GENERATOR (Did not generate more than 1000 kg of hazardous waste (or 1 kg acutely hazardous waste) in any month or accumulate 6000 kg hazardous waste for more than 180 days or more than 270 days for waste transported to a facility over 200 miles away.)
3 FARMING OR OTHER OPERATIONS EXEMPT UNDER 35 Ill. Adm. Code 721.104
4 EXEMPT UNDER 35 Ill. Adm. Code 721.106
5 CLOSED (Prior to 1/1/89) and no waste was shipped off-site
- b. 6 FOR 1989 ONLY, explain in comment section
7 PERMANENTLY, explain in comment section
8 OTHER, explain in comment section

REGULATED STATUS If your company does not qualify for non-regulated status it is regulated for 1989. You must complete the entire report including Page 1 (Generator Information), Page 2 (Comments), Page 3 (Waste Minimization), Page 4 (Transportation Services) and Page(s) 5, 6, 7, etc. (Facility Information).

This Agency is authorized to require this information under Illinois Revised Statutes, 1981, Chapter III-1/2, Sections 1004 and 1021(f)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Antony C. Wilbraham Acting Director April 30, 1990
PRINT/TYPE NAME TITLE SIGNATURE DATE

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY 1989 GENERATOR ANNUAL HAZARDOUS WASTE REPORT

FOR AGENCY USE	1	5	6	7	8	9	14
	L	P	H	W	C	A	0
	5	0	2	8	9	0	0

GENERATOR USEPA I.D. NUMBER

GENERATOR IEPA I.D. NUMBER

1 1 0 0 6 3 3 1 3 4 2

18 29

1 1 9 0 2 5 5 0 0 2

30 39

Complete one of these pages for each Facility utilized during the year. All facilities in or out of state receiving hazardous waste generated in Illinois have a USEPA and a IEPA I.D. Number. Obtain this information from Appendix B, the facility or from your manifest copy.

FACILITY USEPA I.D. NUMBER

FACILITY IEPA I.D. NUMBER

1 1 0 9 8 4 7 6 7 0 9 5

41 52

| | | | | | | | | |

53 62

Southland Exchange
FACILITY NAME

(803) 943-5176
A/C PHONE

100 Nix St. Hampton, SC 29962
ADDRESS (where waste was managed)

CITY

STATE

ZIP

LINE NO	DESCRIPTION OF WASTE	WASTE TYPE	RCRA HAZARDOUS WASTE CODE	AMOUNT (gals. only)	DENSITY (lbs./gal)	ORIGIN	MGMT CTGRY
1	Medical Waste		D 0 0 1				
66		67 68	69 72 73 76	85 93 94 96 132 133 134	5 7 1 5		0 5
2		67 68	69 72 73 76	85 93 94 96 132 133 134			
3		67 68	69 72 73 76	85 93 94 96 132 133 134			
4		67 68	69 72 73 76	85 93 94 96 132 133 134			
5		67 68	69 72 73 76	85 93 94 96 132 133 134			
6		67 68	69 72 73 76	85 93 94 96 132 133 134			
7		67 68	69 72 73 76	85 93 94 96 132 133 134			
8		67 68	69 72 73 76	85 93 94 96 132 133 134			

ILLINOIS ENVIRONMENTAL PROTECTION
1989 TSDR FACILITY ANNUAL HAZARDOUS WASTE REPORT

For Agency use	L P H W C	CARD	3 0	TRANS	A	0 2 2 8 9 0
	1 5		6 7		8	9 14

Please print/type (with elite type 12 characters per inch).

FACILITY USEPA I.D. NUMBER

1 | 1 | L | D | 0 | 0 | 6 | 3 | 3 | 1 | 3 | 4 | 2

15

26

FACILITY IEPA I.D. NUMBER

1 | 1 | 9 | 0 | 2 | 5 | 5 | 0 | 0 | 2

203

212

FACILITY NAME: SIUE - Science Building

MAILING ADDRESS: Southern Illinois University at Edwardsville

STREET

CITY

STATE

ZIP

FACILITY LOCATION: Box 1652, Edwardsville, IL 62026

STREET

CITY

STATE

ZIP

CONTACT PERSON: Antony C. Wilbraham

(618) 692-2042

NAME

A/C

PHONE

NON-REGULATED STATUS If your facility was not regulated at any time during 1989, circle the numeric code 1(A) or (B), 3 or 4 that describes your non-regulated status. Sign and date this form and attach comment page before mailing.

- 1 NOT SUBJECT TO REGULATION UNDER SECTIONS 724 OR 725, *explain in comment section*
200
A FOR 1989 ONLY, *explain in comment section*
202
B PERMANENTLY, *explain in comment section*
202
3 CLOSURE IN PROGRESS
201
4 ONLY ONE TIME ON-SITE STORAGE EXCEEDING ALLOWED TIME
201

REGULATED STATUS If your facility does not qualify for non-regulated status for 1989, you must complete the entire report including page 1 (Facility Information), page 2 (Comments) and page(s) 3, 4, etc. (Generator Information).

COST ESTIMATES FOR FACILITIES

\$ 1 2 1 0 0 0 0 0 \$ 1 2 1 0 0 0 0 0
27 35 36 44
Closure Cost Estimate Estimate for Post Closure Monitoring and Maintenance Costs (Disposal Facilities Only)

GROUNDWATER MONITORING DATA AND/OR REPORT: (check one)

Attached ☐ Not required ☒ Submitted ☐ Date(s) / / / / / / / /

This Agency is authorized to require this information under Illinois Revised Statutes, 1981, Chapter III-1/2, Sections 1004 and 1021(f)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT/TYPE NAME

TITLE

SIGNATURE

DATE

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1989 TSDR FACILITY ANNUAL HAZARDOUS WASTE REPORT**

FACILITY USEPA I.D. NUMBER IL

11D006331342

FACILITY IEPA I.D. NUMBER

1190255002

I. The capacity at this facility for each waste management category (from page 8 of the instructions) on an annual basis is as follows (for non-renewable capacity, such as landfills, list the capacity as of 12-31-89).

Management Category

02

04

09

13

Annual Capacity in Tons

Less Than one ton

1

Less Than one ton

Less Than one ton

This facility anticipates a change in capacity by 12-31-91 to:

Management Category

04

Annual Capacity in Tons

Less Than one ton

II. Complete this section ONLY if your facility did not ship any hazardous waste off-site (therefore did not complete a Generator Annual Report):

YES NO Waste was treated, recycled, or disposed on-site in units exempt from RCRA permitting requirements. (This includes discharges under NPDES permits, direct discharges to a POTW, on-site treatment and discharge to municipal treatment works, on-site recycling, burning in industrial boilers and furnaces for energy recovery.)

If "yes" the waste type (from page 5 of the instructions) is .

The amount of waste so managed during the report year was tons.

If a second waste type is so managed, the waste type is and the amount managed was tons.

Comments:

AMENDED May 3, 1990

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1989 TSDR FACILITY ANNUAL HAZARDOUS WASTE REPORT

FOR AGENCY USE

L P H W C
1 5CARD 4 0
6 7TRANS A
80 2 2 8 9 0
9 14

FACILITY USEPA I.D. NUMBER

FACILITY IEPA I.D. NUMBER

I L D 0 0 6 3 3 1 3 4 2
41 521 1 9 0 2 5 5 0 0 2
53 62

GENERATOR USEPA I.D. NUMBER

GENERATOR IEPA I.D. NUMBER

I L D 0 0 6 3 3 1 3 4 2
18 291 1 9 0 2 5 5 0 0 2
30 39SIUE - Science Building
GENERATOR COMPANY NAME(618) 692-2042
A/C PHONESouthern Illinois University, Box 1652
ADDRESS (where waste was generated)Edwardsville, IL 62026
CITY STATE ZIP

LINE NO.	DESCRIPTION OF WASTE	WASTE TYPE	RCRA HAZARDOUS WASTE CODE	AMOUNT (gals. only)	DENSITY (lbs./gal)	ORIGIN	MGMT CTGRY
1	Ignitable Waste	0 4	D 0 0 1	1 5 0	8 . 4	1	0 4
66		67 68	69 72 73 76	85	93 94	96 132	133 134
2	Corrosive Waste	0 8	D 0 0 2	6	8 . 5 1	1	8
66		67 68	69 72 73 76	85	93 94	96 132	133 134
3	EP Toxic Waste D004 , D005, D006, D007 D008, D011	0 9	D 0 0 5	3 3 1 0	5 . 1 1 3	1	3
66		67 68	69 72 73 76	85	93 94	96 132	133 134
4	Acidic & Basic Waste	0 7	D 0 0 2	1 9 5	2 . 4 1	0	7
66		67 68	69 72 73 76	85	93 94	96 132	133 134
5	Typewriter Cleaning Fluids	0 6	F 0 0 3	7 1 0	6	0	
66		67 68	69 72 73 76	85	93 94	96 132	133 134
6							
66		67 68	69 72 73 76	85	93 94	96 132	133 134
7							
66		67 68	69 72 73 76	85	93 94	96 132	133 134
8							
66		67 68	69 72 73 76	85	93 94	96 132	133 134

20

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY GENERATOR ANNUAL HAZARDOUS WASTE REPORT

20

This report is for the calendar year ending December 31, 1987

FOR AGENCY USE

L P H W C
1 5CARD
TYPE

FOR AGENCY USE ONLY

2 0
6 7TRANS
CODEA
80 2 / 2 8 / 8 8
9 14

GENERAL INSTRUCTIONS

REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM.

The information requested in this report is required by Federal and State law.

Please print/type with elite type (12 characters per inch)

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the calendar year covered by this report. Circle the numeric code (1 thru 5) that best describes your status during the entire year (see instructions for explanation of codes) and the code for time period and explain Comment Section.

1 No Hazardous Waste Shipped Off-Site

2 Small Quantity Generator

3 Exempt

4 Beneficial Use

5 Closed

B. This installation's Non-Regulated Status is expected to apply:

6 For 1987 only, explain in Comment Section.

7 Permanently, explain in Comment Section.

8 Other, explain in Comment Section.

II. REGULATED STATUS

See instructions for completing this and following sections.

III. GENERATOR'S USEPA I.D. NUMBER

IV. GENERATOR'S ILLINOIS I.D. NUMBER

1 1 0 0 6 3 3 1 3 4 2
17 281 1 9 0 2 5 5 0 0 2
29 38

V. NAME OF INSTALLATION

Southern Illinois University at Edwardsville

VI. INSTALLATION MAILING ADDRESS

Department of Chemistry, Box 1652

Street or P.O. Box

Edwardsville

Illinois 62026

City or Town

State Zip Code

VII. LOCATION OF INSTALLATION (if different than section VI above)

Street or Route number

City or Town

State Zip Code

VIII. INSTALLATION CONTACT

Wilbraham, Antony

Name (last and first)

618 692-3562 / 618 692-2042

Phone No. (area code & no.)

This Agency is authorized to require this information under Illinois Revised Statutes, 1981, Chapter III-1/2, Sections 1004 and 1021-1/2. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Antony Wilbraham

Acting Director of
Hazardous Waste

A. Wilbraham 18 Oct '88

Print Type Name

Title

Signature of Authorized Representative

Date Signed

Page 01011 of 004

ESD PRODUCT EVALUATION

Southern ILLINOIS UNIVERSITY

Re: EDWARDSVILLE, ILL.

Act# C 28109.

Please circle a number from 1 to 5 to indicate your level of satisfaction: 1 is unsatisfactory, 3 is average and 5 is outstanding.

1) How well did the product satisfy your objectives? 1 2 3 (4) 5

It was able to determine the cited violation

2) How do you rate completeness? 1 2 3 (4) 5

The report was filled out in its entirety

3) How do you rate quality? 1 2 3 (4) 5

Quality of report was very good. Each box checked comments were legible.

4) How do you rate technical competence? 1 2 3 (4) 5

this report suggest that the inspector appear to know enough about the rep to determine whether the facility was in or out of compl

5) How do you rate timeliness? 1 2 3 (4) 5

this report was submitted 30 days after the inspection which seems to conform with policy.

6) What is your overall rating? 1 2 3 (4) 5

7) What suggestions do you have for improvement?

8) How did you or will you use the product?

this product was used to determine that a NOV is required.

Rater Signature Barbara J. Russell
Section Chief Initials _____
Branch Chief Initials _____

50

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

GENERATOR ANNUAL HAZARDOUS WASTE REPORT

50

This report is for the calendar year ending December 31, 1987

(cont.)

FOR AGENCY USE ONLY

FOR AGENCY USE

L P H W C
1 5CARD
TYPE5 0
6 7TRANS
CODEA
80 2 / 2 8 / 8 8
9 14

X. GENERATOR'S USEPA I.D. NO.

XI. GENERATOR'S ILLINOIS EPA I.D. NO..

XII. FACILITY'S USEPA I.D. NO.

I L D 0 0 6 3 3 1 3 4 2
18 291 1 9 0 2 5 5 0 0 2
30 39I N D 9 8 0 5 9 0 9 4 7
41 52

XIII. FACILITY'S ILLINOIS EPA I.D. NO.

XIV. FACILITY'S NAME / ADDRESS

9 1 8 1 4 0 0 0 0 4
5 62

Name Industrial Fuels and Resources Phone (219) 234-0441

XV. WASTE IDENTIFICATION

604 Scott Street South Bend Indiana 46625
Street (P.O. Box) City State Zip

A. LINE NO.	B. DESCRIPTION OF WASTE	C. USDOT Hazard Code	D. RCRA HAZARDOUS WASTE NO. (see instructions)	E. AMOUNT OF WASTE (gallons only)	F. DENSITY (lbs. / gal.)
0 0 0 1 63 66	Waste Flammable Liquid NOS., Flammable Material UN 1993	0 8 67 68	F 0 0 3 F 0 0 5 69 72 73 76 77 80 81 84	5 5 85 93 94 96	1 8 . 3 Est. 94 96
0 0 0 2 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	
0 0 0 3 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	
0 0 0 4 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	
0 0 0 5 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	
0 0 0 6 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	
0 0 0 7 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	
0 0 0 8 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	
0 0 0 9 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	
0 0 1 0 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	

XVII. PAGE NUMBER

0 0 2

This report is for the calendar year ending December 31, 1987

X. GENERATOR'S USEPA I.D. NO. XI. GENERATOR'S ILLINOIS EPA I.D. NO.

1 1 9 0 2 5 5 0 0 2

Phone (618) 692-3562

Zip

003

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
GENERATOR ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1987

XVI. COMMENTS

Generator's USEPA I.D. No. 111D006331342

Generator's Illinois EPA I.D. No. 1190255002

The minimization statement as described in the instructions, should be completed below.

The following efforts are undertaken to reduce the volume and toxicity of waste generated

1. Unused chemicals are recycled
2. Solvents are redistilled when practical - e.g. business machine cleaning fluids
3. Whenever possible, smaller quantities of chemicals are used in the teaching laboratories
4. Solvents in research labs are recycled
5. Many chemicals are purchased as needed - not in bulk - to avoid exceeding expiration date

30

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
FACILITY ANNUAL HAZARDOUS WASTE REPORT

30

This report is for the calendar year ending December 31, 1987

FOR AGENCY USE

L P H W C
1 5CARD
TYPE

FOR AGENCY USE ONLY

3 0
6 7TRANS
CODEA
8DATE
ENTERED/ /
9 14

GENERAL INSTRUCTIONS

REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM.
The information requested in this report is required by Federal and State law.

Please print/type with elite type (12 characters per inch)

I. NON-REGULATED STATUS

Complete this section only if your facility did not treat, store, or dispose of regulated quantities of hazardous waste at any time during 1986.

1. This facility is not subject to regulation under Sections 724 or 725; explain in Comment Section (XVIII).

This facility's Non-Regulated Status is expected to apply:

A. For 1987 only, explain in Comment Section (XVIII).

B. Permanently, explain in Comment Section (XVIII).

2. Please contact us regarding withdrawal of our Part A Permit Application; explain in Comment Section (XVIII).

3. Closure In Progress

4. One Time On Site Storage Exceeding Allowed Time

II. REGULATED STATUS

See instructions for completing this and following sections.

III. FACILITY USEPA I.D. NUMBER

I L D 0 0 6 3 3 1 3 4 2
15 26

IV. FACILITY'S ILLINOIS EPA I.D. NUMBER

1 1 9 0 2 5 5 0 0 2
203 212

V. NAME OF FACILITY

Southern Illinois University at Edwardsville

VI. FACILITY MAILING ADDRESS

Department of Chemistry, Box 1652

Street or P.O. Box

Edwardsville

Illinois 62026

City or Town

State Zip Code

VII. LOCATION OF FACILITY (if different than section VI above)

Street or Route number

City or Town

State Zip Code

VIII. FACILITY CONTACT

Wilbraham, Antony

Name (last and first)

(618) 692-2042

(618) 692-3562

Phone No. (area code & no.)

IX. COST ESTIMATES FOR FACILITIES

\$ 1 0 0 0 0 \$
27 35 36 44

Cost Estimate for Facility Closure

Cost Estimate for Post Closure Monitoring
and Maintenance (disposal facilities only)

This Agency is authorized to require this information under Illinois Revised Statutes, 1981, Chapter III-1/2, Sections 1004 and 1021 (1)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Antony C. Wilbraham

Print Type Name

Acting Director of
Hazardous Waste

Title

Antony C. Wilbraham

Signature of Authorized Representative

Date Signed

18 Oct 1988

Page 001 of 005
220 222

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ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

FACILITY ANNUAL HAZARDOUS WASTE REPORT

40

This report is for the calendar year ending December 31, 1987

(cont.)

FOR AGENCY USE ONLY

FOR AGENCY USE

L P H W C
1 5CARD
TYPE4 0
6 7TRANS
CODEA
80 2 / 2 8 / 8 8
9 14

I. FACILITY'S ILLINOIS EPA I.D. NO.

XII. FACILITY'S USEPA I.D. NO.

XIII. GENERATOR'S ILLINOIS EPA I.D. NO.

1 1 9 0 2 5 5 0 0 2
53 62I L D 0 0 6 3 3 1 3 4 2
41 521 1 9 0 2 5 5 0 0 2
30 39

IV. GENERATOR'S USEPA I.D. NO.

XV. GENERATOR'S NAME / ADDRESS

(618) 692-3562

I L D 9 8 1 9 4 9 8 0 3
18 29

Name Physical Plant

Phone (618) 692-2042

VI. WASTE IDENTIFICATION

Southern Illinois University, Edwardsville, IL 62026

Street (P.O. Box)

City

State

Zip

A. LINE NO.	B. DESCRIPTION OF WASTE	C. USDOT HAZARD CODE	D. RCRA HAZARDOUS WASTE NO. (see instructions)	E. AMOUNT OF WASTE (gallons only)	F. DENSITY (lbs. / gal.)	G. HANDLING METHOD
0 0 0 1 63 66	Paint Solvent Wastes NOS., Flammable (MEK, MIBK)	67 68	F 0 0 3 F 0 0 5 69 72 73 76 77 80 81 84	2 5 85 93 94 96 132 134	8 . 3 Estim.	S 0 1
0 0 0 2 63 66		67 68	69 72 73 76 77 80 81 84			
0 0 0 3 63 66		67 68	69 72 73 76 77 80 81 84			
0 0 0 4 63 66		67 68	69 72 73 76 77 80 81 84			
0 0 0 5 63 66		67 68	69 72 73 76 77 80 81 84			
0 0 0 6 63 66		67 68	69 72 73 76 77 80 81 84			
0 0 0 7 63 66		67 68	69 72 73 76 77 80 81 84			
0 0 0 8 63 66		67 68	69 72 73 76 77 80 81 84			
0 0 0 9 63 66		67 68	69 72 73 76 77 80 81 84			
0 0 1 0 63 66		67 68	69 72 73 76 77 80 81 84			

XVII. PAGE NUMBER 0 0 2

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 ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
 FACILITY ANNUAL HAZARDOUS WASTE REPORT

40

This report is for the calendar year ending December 31, 1987

(cont.)

FOR AGENCY USE ONLY

FOR AGENCY USE

L P H W C
1 5CARD
TYPE4 0
6 7TRANS
CODEA
80 2 / 2 8 / 8 8
9 14

I. FACILITY'S ILLINOIS EPA I.D. NO.

XII. FACILITY'S USEPA I.D. NO.

XIII. GENERATOR'S ILLINOIS EPA I.D. NO.

1 1 9 0 2 5 5 0 0 2
53 62I L D 0 0 6 3 3 1 3 4 2
41 521 1 9 0 1 0 5 0 1 3
30 39

IV. GENERATOR'S USEPA I.D. NO.

XV. GENERATOR'S NAME / ADDRESS

(618) 692-3562

I L D 9 8 2 2 2 0 5 3 5
18 29

Name SIU School of Dental Medicine

Phone (618) 692-2042

VI. WASTE IDENTIFICATION

2800 College Avenue
Street (P.O. Box)Alton
CityIllinois 62002
State Zip

A. LINE NO.	B. DESCRIPTION OF WASTE	C. USDOT HAZARD CODE	D. RCRA HAZARDOUS WASTE NO. (see instructions)	E. AMOUNT OF WASTE (gallons only)	F. DENSITY (lbs. / gal.)	G. HANDLING METHOD
0 0 0 1 3 66	Waste Flammable Liquid NOS	67 68	D 0 0 1 D 0 0 2 69 72 73 76 77 80 81 84	2 0 85 93 94 96 132 134	8 . 3 Est.	5 0 1
0 0 0 2 3 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 134		
0 0 0 3 3 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 134		
0 0 0 4 3 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 134		
0 0 0 5 3 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 134		
0 0 0 6 3 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 134		
0 0 0 7 3 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 134		
0 0 0 8 3 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 134		
0 0 0 9 3 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 134		
0 0 3 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96 132 134		

XVII. PAGE NUMBER 0 0 3
16 17

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ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
FACILITY ANNUAL HAZARDOUS WASTE REPORT

40

This report is for the calendar year ending December 31, 1987

(cont.)

FOR AGENCY USE ONLY

FOR AGENCY USE L P H W C CARD TYPE 4 0 TRANS CODE A 0 2 / 2 8 / 8 6

I. FACILITY'S ILLINOIS EPA I.D. NO. 1 1 9 0 2 5 5 0 0 2 XII. FACILITY'S USEPA I.D. NO. 1 1 9 0 2 5 5 0 0 2 XIII. GENERATOR'S ILLINOIS EPA I.D. NO. 1 1 9 0 2 5 5 0 0 2

IV. GENERATOR'S USEPA I.D. NO. 1 1 9 0 2 5 5 0 0 2 XV. GENERATOR'S NAME / ADDRESS

Name Southern Illinois University Phone (618) 692-3562

VI. WASTE IDENTIFICATION

Department of Chemistry Edwardsville IL 62026
Street (P.O. Box) City State Zip

A. LINE NO.	B. DESCRIPTION OF WASTE	C. USDOT HAZARD CODE	D. RCRA HAZARDOUS WASTE NO. (see instructions)	E. AMOUNT OF WASTE (gallons only)	F. DENSITY (lbs. / gal.)	G. HANDLING METHOD
<u>0 0 0 1</u> 53 66	Ignitable Wastes	<u>6 7 6 8</u>	<u>D 0 0 1</u> 69 72 73 76 <u>F 0 0 3</u> 77 80 81 84	<u>2 7</u> 85 93 94	<u>8 . 3</u> 96 132 134	<u>R 0 3</u>
					Est.	
<u>0 0 0 2</u> 3 66	Ignitable Wastes	<u>6 7 6 8</u>	<u>D 0 0 1</u> 69 72 73 76 <u>F 0 0 3</u> 77 80 81 84	<u>1 2 5</u> 85 93 94	<u>8 . 3</u> 96 132 134	<u>S 0 1</u>
					Est.	
<u>0 0 0 3</u> 3 66	EP Toxic Waste (D005, D006, D007, D008, D009, D0011)	<u>6 7 6 8</u>	<u>D 0 0 5</u> 69 72 73 76 <u>D 0 0 7</u> 77 80 81 84	<u>3 3</u> 85 93 94	<u>1 0 . 0</u> 96 132 134	<u>T 0 4</u> *
					Est.	
<u>0 0 0 4</u> 3 66	EP Toxic Waste (D005, D006, D007, D008, D009, D0011)	<u>6 7 6 8</u>	<u>D 0 0 5</u> 69 72 73 76 <u>D 0 0 7</u> 77 80 81 84	<u>5 2 0</u> 85 93 94	<u>2 0 . 0</u> 96 132 134	<u>S 0 1</u>
<u>0 0 0 5</u> 3 66	Acidic and Basic Wastes	<u>6 7 6 8</u>	<u>6 9</u> 72 73 76 <u>7 7</u> 80 81 84	<u>8 7</u> 85 93 94	<u>1 0 . 0</u> 96 132 134	<u>T 0 4</u> **
					Est.	
<u>0 0 0 6</u> 3 66		<u>6 7 6 8</u>	<u>6 9</u> 72 73 76 <u>7 7</u> 80 81 84	<u>8 5</u> 93 94	<u>9 6</u> 132 134	
<u>0 0 0 7</u> 3 66		<u>6 7 6 8</u>	<u>6 9</u> 72 73 76 <u>7 7</u> 80 81 84	<u>8 5</u> 93 94	<u>9 6</u> 132 134	
<u>0 0 0 8</u> 66		<u>6 7 6 8</u>	<u>6 9</u> 72 73 76 <u>7 7</u> 80 81 84	<u>8 5</u> 93 94	<u>9 6</u> 132 134	
<u>0 0 0 9</u> 66		<u>6 7 6 8</u>	<u>6 9</u> 72 73 76 <u>7 7</u> 80 81 84	<u>8 5</u> 93 94	<u>9 6</u> 132 134	
<u>0 0 1 0</u> 66		<u>6 7 6 8</u>	<u>6 9</u> 72 73 76 <u>7 7</u> 80 81 84	<u>8 5</u> 93 94	<u>9 6</u> 132 134	

XVII. PAGE NUMBER 0 0 4
15 17

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
FACILITY ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1987

XVIII. COMMENTS

Facility's USEPA I.D. No. I L D 0 0 6 3 3 1 3 4 2

Facility's Illinois EPA I.D. No. 1 1 1 9 0 2 5 5 0 0 2

Minimization Statement:

The following efforts are undertaken to reduce the volume and toxicity of waste generated:

1. Unused chemicals are recycled
2. Solvents are redistilled when practical - e.g. business machine cleaning fluids
3. Whenever possible, smaller quantities of chemicals are used in the teaching laboratories
4. Solvents in research labs are recycled.
5. Many chemicals are purchased as needed - not in bulk - to avoid exceeding expiration date

*T04 Solutions of heavy metals are reduced in volume by precipitation prior to off-site disposal

**T04 Elemental neutralization of waste acids and bases

August 19, 1988

Title 35: ENVIRONMENTAL PROTECTION WASTE DISPOSAL

PERSONNEL TRAINING (35 Ill. Adm. Code Part 725.116)

The program of instruction includes the following:

1. Procedures for Handling Hazardous Chemicals:
Flammables, Corrosives, Reactives, Health Toxins
2. Procedures for Handling Spills:
Acids, Bases, Organic Solids, Organic Liquids
3. Chemical Safety Measures:
Protective Apparel, Safety Equipment, Emergency Procedures,
First Aid
4. Procedures for Storing Chemicals in Laboratories
5. Procedures for Disposing of Waste Chemicals from Laboratories:
Incineration, Sewer Disposal, Landfill, Recycling, Transportation,
Uniform Hazardous Waste Manifest
6. Record Keeping:
Operational Log, Daily Safety Check Log, Weekly Drum Inspection Log
7. Hazard Communication Standard:
Right-To-Know Law, Material Safety Data Sheets (MSDS)
8. SIUE Contingency Plans and Emergency Procedures:
Use and care of emergency equipment, Alarm Systems, Response
to Fires or Explosives
9. Documents and Records at the RCRA Management Facility:
 - a. Job titles for each position and the name of each employee filling each job.
 - b. Written job description for each position including requisite skill, education or other qualifications and duties of employees assigned to each position.
 - c. Records that document that the training or job experience has been given to, and completed by, facility personnel.

Selected Bibliography of Materials

Available for Use in the Training Program

Books/References

- "Prudent Practices for Handling Hazardous Chemicals in Laboratories".
National Research Council, 1983.
- "Prudent Practices for Disposal of Chemicals from Laboratories".
National Research Council, 1983.
- "Flinn Chemical Catalog Reference Manual", Flinn Scientific, Batavia,
IL 60510, 1988.
- "Hazardous Chemicals - Information and Disposal Guide", Margaret-Ann Armour,
et.al., Eds., University of Alberta, Canada, 1987.
- "Hazards in the Chemical Laboratory", L Bretherick, Ed., The Royal Society of
Chemistry, London, 1981.
- "Emergency Response Guidebook", US.DOT, 1987.
- "Safe Storage of Laboratory Chemicals", David Pipetore, Ed., J. Wiley and Sons,
1984.
- "Occupational Health Guidelines for Chemical Hazards", NIOSH/OSHA, 3 vols.
- "Code of Federal Regulations", 40 CFR Protection of the Environment.
- "Illinois EPA Title 35: Environmental Protection Rules and Regulations", 1987.

Films

- "You Can Work Safely with Toxic Substances", Slides/Audio Cassette 17 min.,
Carnow, Conibear and Associates Ltd., Illinois 60606, 1983.
- "Twenty-Eight Grams of Prevention", 16 mm movie, 15 min., Fisher Scientific
Company, General Laboratory Safety.